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ABSTRACT

Reviews of studies of four groups (business executives, lawyers, Army officers, and working women) which demonstrate the health-damaging effects of alienation in certain life situations show that, when under stress, members of these groups who feel alienated fall ill, medically and/or psychiatrically. Three models are described which may explain these findings of stress, personality, and illness. The first model correlates alienation with ineffective cognitive appraisal and coping in the face of stress. The second model links alienation to activities which are detrimental to health and which eventually cause the physiological and biological changes associated with illness. The third model associates alienation with the personal choice of illness. Psychologists must convince alienated people of the importance of their decision for or against health before counseling them in positive coping techniques and health related behaviors. (Author/NRB)

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Alienation and Illness[1]

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Alienation is said to lead persons to a variety of provocative and sad fates including the buying and selling of illegal drugs (cf. Burroughs, 1959), stealing and vandalizing others' property (cf. Genet, 1963), schizophrenia (cf. Laing, 1960), and murder (cf. Camus, 1946). This paper suggests another consequence of alienation; one not as exotic as those already mentioned, but as worrysome in its potential pervasiveness. Our research shows that alienation precipitates illness in persons under stress. When under stress, i.e., when confronted with events that demand change or cause readjustment in their lives, business executives, lawyers, Army officers, and working women feeling alienated from themselves and the various areas of their lives are likely to fall medically or psychiatrically sick. Alienation appears here as a psychological experience with fundamental consequences for the individual's relationship to the world. To the extent that illness is a threat to long life and the ability to procreate, a limitation of physical capacity and strength, and a disruption of one's role in society, alienation can be seen as endangering one's very being-in-the-world. Persons can suffer this consequence of alienation without being separated in reality from important others, without breaking any laws or violating obvious norms, and without being proclaimed deviant by any social institution.

Let us begin by reviewing the findings. In studies of all four groups

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mentioned--business executives, lawyers, Army officers, and working women--information was collected on frequency of stressful life events and of illness, on alienation and other psychological variables, and on demographic characteristics. The stress test is an adaption of the popular Holmes and Rahe instrument (cf. Holmes & Rahe, 1967). It has subjects indicate which of a series of major and minor, undesirable and desirable events they have encountered in the last three years. With regard to illness, subjects told us what physical and psychiatric diseases and symptoms they had suffered during the same time period. The alienation test (Maddi, Kobasa, & Hoover, 1979) has subscales relevant to four types of alienation--powerlessness, nihilism, vegetativeness, and adventurousness--as they are experienced in work, family, interpersonal relationships, social institutions, and self. Other psychological variables measured included locus of control, dominance, need for interesting experiences, security, and endurance. Recorded demographics included age, income, education, marital status, job level, and religious affiliation.

The general method of all studies required the comparison and discrimination of two kinds of subjects (cf. Kobasa, 1979). The first consists of subjects who report having experienced a great number of significant stressful life events and a high degree of illness. The second kind reports comparably high stress, but little or no illness. The classes have been dubbed, repectively, non-hardy and hardy. The difference between the two has consistently had to do with alienation, the non-hardy showing more of it. More than any other psychological variable and more than any demographic variable, alienation significantly differentiates persons who fall ill under stress from those who stay healthy in similar trying life situations. With one of the groups, the business executives, a prospective design was used and it offers an even

stronger case for alienation's influence upon illness (Kobasa & Maddi, Note 1). Measuring for alienation and stress levels at Time 1 and illness levels at Time 2, high alienation and stress scores in 1975 are found to significantly predict high illness in 1976 and 1977. The relationship is found to be most powerful when the effects of other variables like parents' illnesses and subjects' own illness scores at Time 1 are controlled. Table 1 presents these results.

These studies are appropriately classified as research into the mediators of the stress and illness connection. As such, they stand in reaction to a large body of research which suggests that illness susceptibility can be predicted on the basis of stress experience alone. For some investigators (e.g., Holmes & Masuda, 1974), it is sufficient to know what stressful life events persons have undergone to chart their likelihood of disease. These investigators portray the individual as a passive victom of the environment that brings stress down upon him or her. In their scheme, stress always has negative consequences. Relying on Hans Selye for the physiological link between stress conceptualized as changes in the environment and the biological changes of disease, Holmes and Masuda write: "life-change events, by evoking adaptive efforts by the human organism that are faulty in kind or duration, lower 'bodily resistance' and enhance the probability of disease occurrence" (1974, p. 68). The only recourse open to persons who do not want to get sick is the avoidance of stress (cf. Wolfe, 1972).

The approach taken in the research reported in this paper proposed a significantly different view of the person. Our scheme assumes that persons can be active and creative agents. Stress does not just happen to this person; rather, the person can be understood to construct those very situations (those

job contexts, those interpersonal relationships, those family commitments, etc.) in which stress can appear. Further, the person actively responds to the stress by evaluating it and coping with it in a distinctive way. Stress is not simply a negative thing. In seeking out opportunities to exercise decision making and other skills, our person often seeks out stress as a challenge. From our perspective, it is only when the person gives up on this more active or existential understanding of self (when the person, in effect, accepts the view promoted by the majority of stress reports in the popular media) that he or she becomes ill. We call this giving up on the self's possibilities alienation, and find individual differences in its manifestation. We have found it essential to take alienation's presence and magnitude into account in predicting persons' susceptibility to stress.

Cognitive Appraisal and Coping in Alienated Persons

But how is it that the psychological experience of alienation can have such a health-damaging effect during times of stress? There are at least two pathways that can be drawn between the interaction of stress and alienation and the onset of illness. The first, depicted in Figure 1, associates illness with a distinctive style of cognitive appraisal and coping in the face of stress, a style that leads to an exaggeration of the threat of stressful life events and avoidance or ineffectual coping. Stress is simply not resolved by the alienated person, and thereby, left to provoke those physiological mechanisms like Selye's general adaptation response or the activation processes suggested by other investigators (e.g., Moos, 1979) which increase the likelihood of disease.

In the research, the four forms of alienation that influence stress management the most are nihilism, powerlessness, vegetativeness, and alienation

from self. I would like to illustrate the effects of each of these on cognitive appraisal and coping by drawing on data collected through questionnaires and interviews. Examples of alienated attempts to deal with stress are contrasted with those of committed subjects.

Nihilism is defined as the personal lack of any fundamental sense of purpose, and the insistent rejection of customary sources of meaning. The nihilist can only scoff at the idea that stress is an essential part of life, and thereby, meaningful. Stress, for the nihilist, can only be arbitrary; and only reinforcement of the notion that there is really nothing in life that one can count on. Nihilism also has implications for coping. The nihilist is unable to see beyond the undesirable aspects of a stressful event. A nihilistic executive, for example, when told about a job transfer to an uninteresting city, could only be thankful that he had not invested too much in his current position. His coping involved attempts to forget or numb the pain of the stress by having a couple of extra drinks. Commitment, on the other hand, minimizes the perceived threat of any given stress by allowing the person to see the life event as part of a self-chosen life course. Further, the committed persons know that they are responsible to a larger social context or community, and cannot simply give up in times of great pressure. One of the committed executives in our study, although unhappy about a job transfer, saw its relevance to his overall career plan, and its importance to the organization he is part of. His coping involved seeking out the value implicit in the stress of the transfer, and working at learning something from the experience.

Powerlessness, our second form of alienation, turns the stressful life event into confirmation that life is completely out of one's own hands.

Existential psychologists describe life as a combination of facticity (or givens) and possibility (cf. Kobasa & Maddi, 1977). Feeling powerless is an exaggeration of what is given (and therefore unchangeable), and an under-estimation of what is possible. Powerless individuals are unable to see their at least indirect effect in initiating many stressful life events. They are also blind to their control over how they respond to the events. Cause and control are always seen as external, in another person, society, or fate. A powerless forty-five year old woman, troubled by an impending divorce, cannot recognize the influence she has had on her husband's decision to leave. Everything simply happens to her, she suffers from what some investigators call learned helplessness (cf. Seligman, 1975). The woman is unable to see how she might resolve the stresses. All is left to her husband or accident. Feeling powerlessness in the past has prevented her from developing a repertory of suitable coping responses. There are no skills she can draw on when her husband announces he wants a divorce. She can only retreat.

Vegetativeness is described by Maddi, Kobasa and Hoover (Note 2) as "the most severe form of alienation...the inability to believe in the truth, importance, or interest value of anything one is doing or can imagine doing. Associated with the experience of vegetativeness are boredom, apathy, and aimlessness. The vegetative person inevitably sees stress as a threat to the placid and undemanding life he or she prefers. Any change that disrupts the status quo is necessarily bad for someone who would rather not be bothered by life. Committed persons, on the other hand, feel positively about life change, and see stress as a challenge. Because they value a life characterized by new and interesting experiences, they have well explored their environment

(cf. Maddi, Note 3), and they know where to turn for resources to aid them in coping with stress. A vegetative lawyer in our study became clinically depressed when his firm merged with a larger and more diversified practice. He simply lacks the interest in his job to endure the pressures of dividing up responsibilities with new peers, training a new group of subordinates, and learning how to deal with different client problems. Because he never found it that important or valuable, he never got to know his old job situation and the social and material resources within it. Now that he could use the assistance, he does not know whom to call.

Although alienation from all areas of life—work, social institutions, interpersonal relationships, family, and self--are found to be detrimental to successful stress resistance, one area is singled out as particularly important for health. Feeling ill under stress is critically dependent upon a sense of alienation from self. Many theorists who talk about adaptation (cf. Coehlo, Hamburg, & Adams, 1974) emphasize the importance of recognizing one's own goals, values, and priorities, and appreciating the ability to make decisions and act on them. These things support the internal balance and structure that Robert White and others deem essential for the accurate assessment of the threat of a stressful event, and the competent handling of it. Persons who are alienated from self do not recognize these things in themselves. An Army officer who presents strong alienation from self also reports having trouble sleeping and more frequent stomach pains since his transfer to an R.O.T.C. position at a campus somewhat hostile to the military. The solutions to the stresses of low recruitment and arguments with students which lie in part in his clearer explication of his own and the Army's position on R.O.T.C. are inaccessible to him. He cannot make the Army attractive or

meaningful to students because he no longer knows what it means to him. He feels, in fact, so disengaged and confused that he cannot even make a decision to leave, no matter how close to an ulcer he is.

Alienation and Health-Related Behaviors

A second pathway between the stress-alienation interaction and illness implicates health-related behaviors. In this scheme, alienation is linked to activities which are detrimental to health, particularly in times of stress, and which eventually cause the physiological and biological changes we associate with illness. Figure 2 depicts three kinds of health-related behaviors: use of social supports, participation in recommended health regimes, and attention to bodily well-being. Our research has only begun to look at these health-related behaviors. What follows has some support from the psychosomatic and health psychology literature, but is highly speculative. It should be seen as suggestions of testable hypotheses, rather than conclusions. I would like to suggest that alienation leads to illness because (1) it prevents our listening to the good advice of others who tell us to take care of ourselves, (2) it interferes with persistent compliance with medical recommendations, and (3) it leads us to ignore or misinterpret our physical state.

Let us look at each of these health-related behaviors in turn. A good deal has been written about the importance of not being alone, of being part of a social network, for staying healthy. Porter (1976), for example, reports that those who live alone and have few contacts with people are less likely to adhere to recommended drug therapy than those with companions. Involvement with others encourages preventive health behaviors and successful compliance with treatment recommendations. Social groups enforce norms about how one

should act so as to stay healthy. Caplan and his co-workers (1976) found adherence to medical advice to be significantly related to the help and approval a person receives from others. One might say that it is harder to drink a scotch dinner or to overwork to the point of not getting enough sleep if you are part of a family that cares about your staying well. Recently, a good deal of attention has been paid to the mediating or buffering effect of social support during stressful episodes. French and his colleagues (French & Caplan, 1973), working with white-collar employees in a government agency, found that social support from supervisors, peers, and subordinates mitigated the harmful effects of job stress on serum cholesterol, blood pressure, glucose levels in the blood, and number of cigarettes smoked.

But social groups may be effective in giving and policing good medical advice only if the person feels involved in and committed to the group. If a woman feels completely disengaged from her family, and overwhelmed by vegetativeness, she will probably not be moved to start taking the distasteful medication prescribed to her just because her husband and mother-in-law tell her to. Alienation prevents this woman from taking advantage of the health-promoting advice of her social supports. Some basis for this speculation is found in the work of the Wallstons and their colleagues (Wallston, Maides, & Wallston, 1976). They established that it takes both a sense of personal control and a viable commitment to the value of health to lead persons to search out information about health maintenance when alerted to health hazards.

A second health-related behavior consists in how well persons continue on their own to follow good medical advice. The literature on compliance (e.g., Stone, 1979) shows that physicians have greatly overestimated the

number of patients who continue to comply with treatment recommendations after the initial consultations. Alienation may play a second role in promoting illness by preventing a person from persisting in responsible medication taking, check-ups with doctors, additional surgical procedures, etc. Strickland (1978), in her very helpful review of psychological factors and health-relevant behaviors, concludes that it is committed persons who take most responsibility for their physical well-being. One especially telling study is that by Worden and Weisman (1975) of cancer patients. They found that patients who delayed cancer treatment for a significant period of time reported a greater sense of powerlessness than those who did not delay. It probably takes a good deal of purpose, sense of possibility, and rising-to-the-challenge to go through cancer therapy. But some of these characteristics may also be needed in less serious contexts. They may also be relevant, for example, for sticking with more common exercise programs. Although the empirical evidence is limited, a good deal is being written about the health promoting effects of jogging and other exercises in times of stress. It would appear that the alienated persons, as described in this paper, would find it very difficult to put up with the pain of therapy and running those first two miles. Nihilism prevents them from setting up health goals, powerlessness fosters the feeling that there is really nothing they can do about their physical state, and vegetativeness robs them of the energy needed to carry out the activity.

Finally, staying healthy probably also has to do with being able to recognize the difference between feeling healthy and sick. The person who is alienated may miss the early warning signs of disease. To be alienated from self may include the tendency to ignore or misinterpret somatic indications of an impending problem. Avoiding one's body leads one to not go see the

doctor when one should. Seeing a medical problem where there isn't one, leads to unnecessary pill taking. Both are bad for one's health. Although still somewhat tangential, the work on self-attention processes by Carver and others (e.g., Carver, 1979) may be relevant to what is suggested here. High self-attentive persons--we might call them committed to self--are found to be more attentive to internal bodily states, and to be more accurate in their evaluation of them, than low self-attentive persons (our alienated persons). In experimental situations, high self-attentiveness is associated with increased intensity of physical symptoms in the presence of a physical cause (e.g., cold pressor task), and with decreased intensity of symptoms in placebo conditions.

Alienation and the Choice of Illness

In closing, I would like to talk about yet a third pathway involving alienation and stress. The link in this case, as Figure 3 makes clear, is to the choice of illness. The question of whether or not the choice leads in turn to actual physiological or biological changes is put aside here. The focus is rather on how the alienated person beset by high levels of stress simply decides to pull out, and use the sick bed as the place of retreat. A business executive, no longer finding any meaning in his work, and too estranged to try to change his attitude in a time of great upheaval in the company, decides to retire early and gives poor health as his reason. A lawyer who feels completely out of control over what goes on at home dreads talking with his son about what he will do after high school. When the dinner table conversation turns to the letter of rejection from the only college the son applied to, the lawyer excuses himself, saying he needs to go to bed early tonight because of a headache.

This notion of persons acting and being treated as if they are sick, and thereby, withdrawing from a life situation they perceive as too stressful has not been neglected by the stress and illness literature. But it has been largely relegated to the status of a methodological problem (cf., Cohen, 1979). Mechanic (1976; Mechanic & Volkart, 1961) launched a major critique of the stress and illness literature by pointing out that all that stress may influence is illness behavior, i.e., increased complaints of illness and increased treatment seeking, and not incidence of illness itself. This leads some stress investigators to put aside self-reports of illness, and to focus on blood chemistries and urine analysis. The implication here is that only demonstrated physiological or biological change is a legitimate health concern. But as psychologists, we should not abandon the stress, alienation, and illness choice link too quickly. This is certainly a phenomenon deserving of explanation, and grounds for significant psychological intervention.

I would like to draw an explanation for the choice of illness from existential psychology. Sartre (1959) describes nausea as the literal "taste" of facticity in our lives that is universal. All of us, according to Sartre, live with an unpleasant bodily response that our freedom is limited, that there are things like stressful life events that have to be dealt with no matter how distracting they are for our fundamental life projects. Sartre, in associating life with negative bodily responses, can be characterized as an early stress and illness investigator. But Sartre and the other existentialists also talk about human processes like hope, transcendence, and courage that allow us to go on exercising freedom and realizing possibility in spite of nausea. These exercises are of course subject to individual differences. Alienated persons typically choose not to engage in them. Instead, alienated

persons are willing to let the nausea take over and imagine it to be an early sign of cancer or heart disease.

With regard to intervention, it may very well be that we, as psychologists, need to start with the third pathway. It may be necessary to first establish for alienated persons beset by high levels of stress that there is a reason for and an ability to fight against nausea. It may be only after convincing them of the importance of their decision for or against health that we can effectively talk with them about positive coping techniques and health-related behaviors.

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Footnote

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Table 1

Analysis of Covariance on Illness Using Prospective Estimates of Hardiness and Stressful Life Events with Prior Illness as a Covariate

Classification	Mean	N	F	d.f.	p
High Stressful Life Events					
Low Hardiness	1079.82	68			
High Hardiness	510.05	62			
Low Stressful Life Events					
Low Hardiness	538.64	61			
High Hardiness	403.16	68			
Covariate: Prior Illness			62.36	1	.001
Main Effect: Stressful Life Events			13.88	1	.001
Main Effect: Hardiness			6.13	1	.01
Interaction			7.37	1	.007

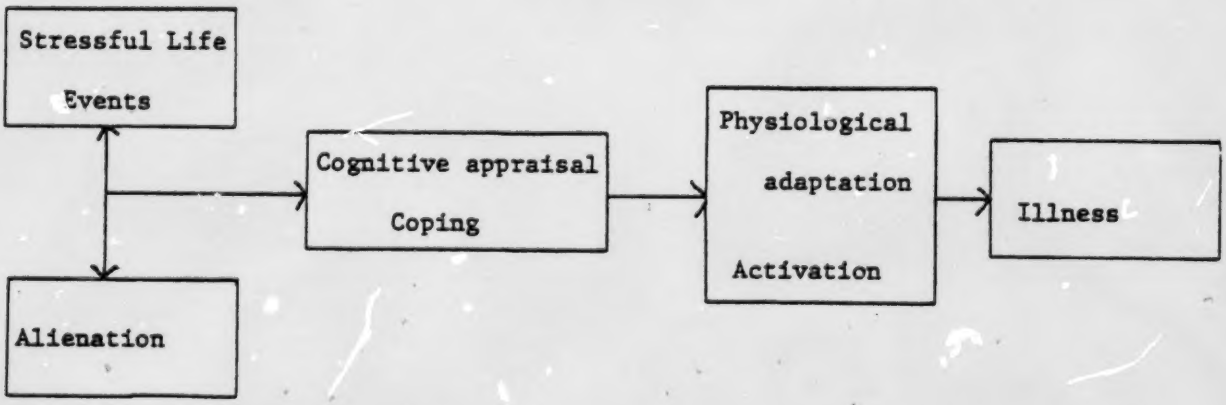

Figure 1. Pathway linking stress and alienation to appraisal and coping and illness.

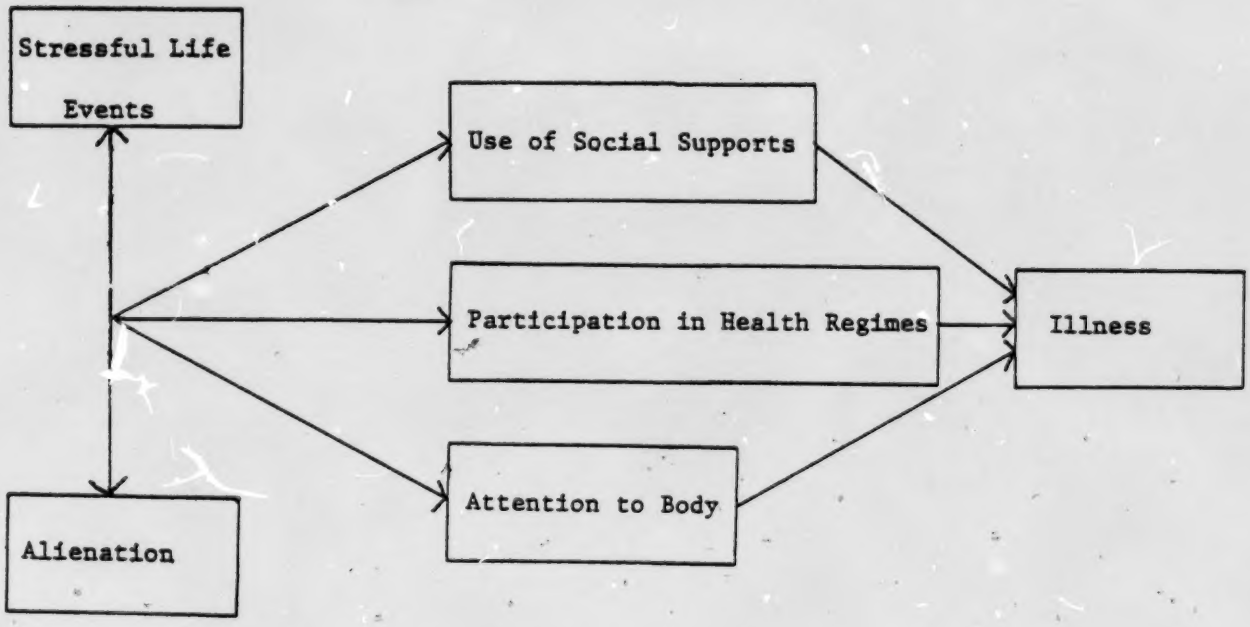

Figure 2. Pathway linking stress and alienation to health-related behaviors and illness.

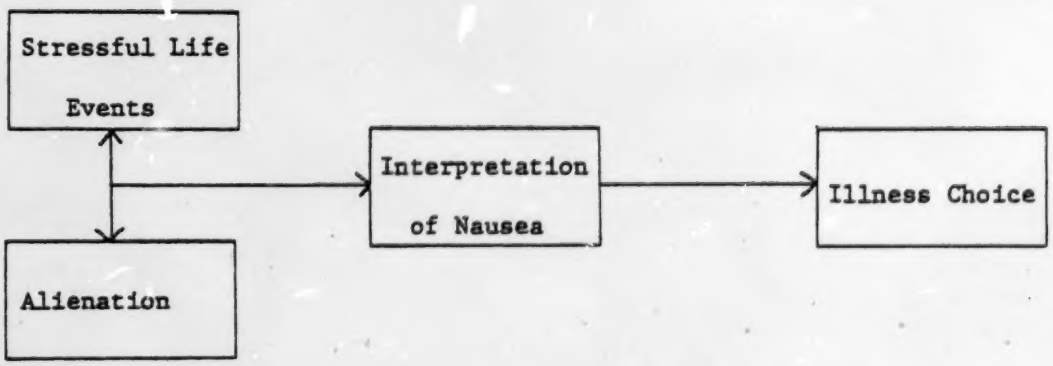

Figure 3. Pathway linking stress and alienation to illness choice.